

SAMFORD UNIVERSITY WITHDRAWAL REQUEST

Contact Financial Aid (205-726-2905) for information if you currently have any type of financial assistance

Date Phone # SU ID

Full Name

Address City, State, Zip

Term withdrawing from: Fall (A) (B) Jan Term Spring (A) (B) Summer 1 Summer 2 Summer 3 14 week summer

Please circle class: FR SO JR SR Grad Divinity Pharmacy Public Health Other

REQUIRED: Last date you attended class(es) in person or on-line

Do you intend to return to Samford University? Yes ☐ No ☐ If yes, when? _____

Are you an international student? Yes ☐ No ☐

If yes, signature of International Advisor: _____

Are you an athlete? Yes ☐ No ☐

If yes, signature of Athletic Student Advisor: _____

Student Signature: _____ Signature of College Rep.: _____

Do not write in this space

Signature of College or School Rep. (see list below)

A&S or Undeclared	Dana Basinger
Arts	Cameron Barnes
Business	Barbara Cartledge
Divinity	Sharon Head
Education-undergraduate	Daphne Carr
Education-graduate	Marcie Harchuck
Undergrad Nursing	Jan Paine
Graduate Nursing	Allyson Maddox
Undergrad Pharmacy	Jon Parker
Graduate Pharmacy	Michael Kendrach
Health Prof. and Pub. Health	Marian Carter
Professional Studies	Bryan Gill

Reason for withdrawing:

----- For Office Use Only -----

Term/Semester Credit: ☐ 100% ☐ 90% ☐ 75% ☐ 50% ☐ 25% ☐ 0%

Term/Semester Credit: ☐ 100% ☐ 90% ☐ 75% ☐ 50% ☐ 25% ☐ 0%

Refund: Total Charges:

Amount Refunded:

After obtaining necessary signatures, return the completed form to the Office of the Registrar, 800 Lakeshore Drive, Birmingham, AL 35229 / fax to 205-726-2908 or print, scan and email to (Karen Rayburn) kdraybur@samford.edu

Photographed copies of this form are not accepted.